



Association of Community Cancer Centers

## ONCOLOGY ISSUES

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## FROM THE EDITOR

# Independent Oncology: An Endangered Species?

BY SIBEL BLAU, MD



of oncology practices increased significantly from 20 percent in 2007 to 54 percent in 2017, making oncology the most vertically integrated specialty.<sup>2</sup>

Before COVID-19, many physician-owned practices were already struggling financially, challenged by reimbursement cuts, buy-out pressures (especially from hospitals with access to the 340B Drug Pricing Program), competition for high-quality staff from hospitals or healthcare systems with deeper pockets, and increasing physician and staff burnout. COVID-19 has only exacerbated these challenges and exposed the vulnerability of these practices.

Today, only about half of all oncology practices in the U.S. are owned by physicians.<sup>3</sup> These clinicians believe in the value of treating patients in the communities where they live, and they would like to remain independent. To do so, practices came together to create supergroups like the National Cancer Care Alliance and clinically integrated organizations, such as the Quality Cancer Care Alliance (QCCA).

Value-based care is a guiding principle for these organizations and should be a guiding principle for every oncology practice. Yet, with the Oncology Care Model now at end—with-out any hint about what, if anything, is to come—oncology practices are challenged to support many of the programs and systems they put in place without the MEOS (Monthly Enhanced Oncology Services) payments to help offset costs. The reality: independent physician practices do not have access to safety nets, like the 340B Drug Pricing Program, or large private equity cash flows to support their infrastructure.

Yet oncology practices are resilient. At QCCA, our member practices come together

Since 2018, the number of oncology practices that are merging or being acquired by another entity, such as a private equity firm, has increased by 21 percent.<sup>1</sup> Health system ownership

to find ways to remain financially solvent and still afford to bring technology and innovations to our patients. One of the key benefits for organizations like QCCA is that its members can share ideas and best practices—while simultaneously adopting innovation—through scale.

At QCCA, like-minded physician practices with deep knowledge and experience in the field of oncology are working together to solve gaps in care and brainstorm innovative and affordable solutions. We are developing programs to enhance our research network, incorporating digital tools, and building systems to accelerate value-based care and high-quality clinical research—work that is virtually impossible for an independent practice to do alone.

Despite our best efforts, independent oncology remains at risk. If vertical integration continues and independent physician practices become extinct, access to equitable healthcare is threatened. Underserved patients may have to travel longer distances or their care may be delayed. Care delays—or, worse, patients opting out of care—lead to higher acuity, increased medical costs, diminished patient quality of life, and decreased access.

Independent oncology is critical to our healthcare system. Help independent oncology stay off the “endangered species” list by supporting our adoption of new digital technologies, such as patient portals and electronic patient-reported outcomes, and ensuring adequate reimbursement for the services we provide.

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